CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

☐ Candidate

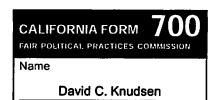
Election Year: ___

A Public Document

MAR 2 4 2009

Please type or print in ink.			GOVERNOR'S OFFICE
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Knudsen	David	C.	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
Office of the Governor State Ca	pitol Building Sacramento	CA 95814	
1. Office, Agency, or Co		4. Schedule Summa	ary
Name of Office, Agency, or Court		► Total number of pages including this cover page:2	
Office of the Governor		including this cover pa	ge: ——
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable	
Cabinet Unit		interests." I have disclosed interests on one or more of the	
Your Position:		attached schedules:	
Deputy Cabinet Secretary		Schedule A-1 Yes -	schedule attached
► If filing for multiple positions, list additional agency(ies)/		Investments (Less than 10% Ownership)	
position(s): (Attach a separate sheet if necessary.)		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
Agency:			
		Schedule B Yes -	schedule attached
Position:		Real Property	
		Schedule C Yes -	schedule attached
2. Jurisdiction of Office (Check at least one box)		Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
County of		Schedule D Yes – schedule attached	
☐ City of		200000000000000000000000000000000000000	
Multi-County		Schedule E Yes – schedule attached Income – Gifts – Travel Payments	
12-22		200	
Other		-0	or-
2. Tong of Chatamant is		☐ No reportable interest	s on any schedule
3. Type of Statement (c	heck at least one box)		
☐ Assuming Office/Initial	Date:/	5. Verification	
Annual: The period covered	is January 1, 2008,	The state of the s	
through December 31, 2008.	STATE OF THE STATE		ole diligence in preparing this d this statement and to the best
-or-		of my knowledge the inform	ation contained herein and in any
O The period covered is December 31, 2008.	/, through	attached schedules is true	and complete.
295 00% 00% 00% 00% 00% 00% 00% 00% 00% 00	90 W		erjury under the laws of the State
Leaving Office Date Left:/(Check one)		of California that the foregoing is true and correct.	
O The period covered is Jar	nuary 1, 2008, through the	2/2	1/19
date of leaving office.		Date Signed 3/20/09	
-or-			
O The period covered is the date of leaving office.		Signa	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE
ADDOCCO
ADDRESS
CITY AND OTHER
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):
TYPE OF PAYMENT: (must check one)
DESCRIPTION:
► NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):
TYPE OF PAYMENT: (must check one)
DESCRIPTION:
II